

Fireworks Application

City of Bountiful
790 South 100 East
Bountiful, Utah 84010
Phone: 298-6190

Please complete all items - If not complete, business license will be returned

Calendar year _____ Date _____

Utah State Temporary Sales Tax Number _____

1. Name of business _____

Business address _____

Type of business _____ Telephone _____
(Be
specific) _____

Owner's name and address (if corporation, list principal officers). Use additional sheet if necessary.

| | | |
|------------------|-------|-------|
| Name | _____ | _____ |
| Street | _____ | _____ |
| City, State, Zip | _____ | _____ |
| Telephone # | _____ | _____ |
| SSN | _____ | _____ |

2. Managers's name _____ Home Phone _____

3. Please furnish name and telephone number of person (other than manager who may be contacted by the city after hours in case of fire or police emergency at your business. (This section to be completed only by those businesses actually located within Bountiful).

Name _____ Home Phone _____

4. License fee: (Make checks payable to City of Bountiful)

FIRST CALENDAR YEAR OR ANY PART THEREOF - \$100.00
(all licenses expire on December 31)

5. I certify that the information contained herein is true and correct.

Signature of Applicant _____ Title _____

For Office Use Only

Date Rec'd _____

Receipt No. _____ Lic. No. _____

Approved by _____